

P0000005/1/6

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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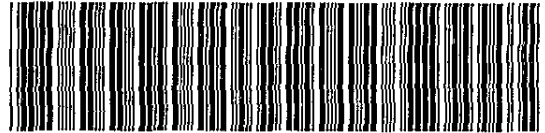
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO

T. Smith MAY 20 2005

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MCC Restaurants, Inc.

(Name of Corporation)

**DOCUMENT NUMBER:** P00000051116

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nancy Miguel

(Name of Person)

MCC Restaurants, Inc.

(Name of Firm/Company)

3550 Buschwood Park Drive., Suite 245

(Address)

Tampa, Florida 33618

(City/State and Zip Code)

For further information concerning this matter, please call:

Nancy Miguel

(Name of Person)

at ( 800 ) 783-2530

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

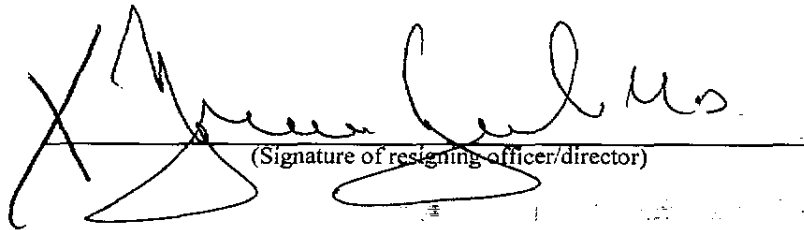
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Dr. Higinio Miguel, hereby resign as Officer \_\_\_\_\_  
(Title)

of MCC Restaurants, Inc. \_\_\_\_\_  
(Name of Corporation)

P00000051116, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 MAY -3 PM 12:04

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